

# Reforming Juvenile Detention in Florida

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## Executive Summary

### Purpose/Background

The National Council on Crime and Delinquency (NCCD) was sponsored by the Jessie Ball duPont Fund to independently study and assess the quality of care in juvenile detention facilities in Florida and how effectively resources are being used. NCCD interviewed 317 youth in secure detention as well as a number of staff who worked at the selected facilities of the Florida Department of Juvenile Justice (DJJ)—Miami-Dade Regional, SW Florida Regional, Brevard, Orange, Duval, and Leon Regional Juvenile Detention Centers. The study is a fair assessment of the conditions of confinement, needs of youth entering the system, and services received as reported by youth and staff. It also estimates the number of youth that could safely be placed in a non-secure alternative environment, thus reducing the overall burden on the system.

### Major Findings and Recommendations

The comprehensive report distills primary and secondary data and details the critical areas of juvenile detention in Florida.

#### Is juvenile detention being used appropriately in Florida?

- It appears that Florida is overusing detention facilities, one reason being that they are not adequately funding alternatives. Approximately 35% of all youth referred to DJJ are admitted to secure detention. Minority youth were admitted to secure detention at higher rates than those for White youth.

***Secure detention should be used to ensure public safety; it is not appropriate for youth, nor is it cost-effective for the state, to detain technical***

***violators or non-violent offenders. NCCD recommends that DJJ validate and refine Florida's Detention Risk Assessment Instrument (DRAI) to identify youth who can be safely managed in less secure settings. It would also be worthwhile for the Department to collect and monitor detention/release rate trends and decision making, as this will provide important feedback to the system.***

#### What are the conditions of confinement, and are they adequate?

Although the Department has made some improvements, such as investigations of staff misconduct and increased staff training, the following are findings that warrant immediate attention.

- Approximately 40% of all youth had experienced solitary confinement while in detention; most for less than one day. Group punishment was identified as the type of discipline most frequently used (73%). Significant differences were found across sites and by race/ethnicity.
- African American youth perceived unnecessary use of force by staff twice as often as White or Hispanic youth.
- Living conditions (cleanliness, food, recreation activities) were perceived to be deficient by the majority of youth in detention.

***NCCD recommends that Florida create an independent panel, validated by the Department, that can further examine conditions (incident and abuse investigations, use of solitary confinement, etc.) to avert potential problems and institute solutions. Florida should also consider administering a survey on the conditions of confinement***

**to youth in every facility on an annual basis, which can help improve quality assurance and staff training.**

### **What are the service needs of youth in detention, and are they being met?**

Detention facilities are required to provide medical and education services to detained youth. Mental health and substance abuse treatment services are provided as needed and mostly for youth who are awaiting placement.

- **Education**—It appears that most youth participated in the education program, and many reported it to be a good program.
- **Medical Care**—About half of the youth reported needing medical care for an illness or injury while in detention. Though some sites were able to meet these needs, a few sites did not provide an adequate level of medical care services. Forty percent of youth reported not receiving needed medical services.

Girls reported a higher need for medical care for an illness (50% compared with 29% of males). Approximately 10% of the girls in our sample were pregnant.

The need for 24-hour medical care was reported by medical staff, care and custody staff, as well as some administrative staff as a means of increasing the overall efficiency of resource use.

- **Mental Health**—Many of the youth in detention reported emotional problems and high levels of drug use. On average, girls reported more drug use,

more emotional problems, and experiencing more traumatic events than males. Few youth reported receiving counseling or substance abuse treatment. Medical care staff, mental health staff, and education staff reported the need for more staff to assist in the delivery of services.

***In order to prevent further tragedies related to medical care or crisis intervention, NCCD recommends that the state fund 24-hour medical staff. The state would do well to hire additional staff in medical care, education, and mental health departments to assist with paperwork, thus facilitating service delivery. This would also help to lower the high turnover rate of detention care workers.***

### **Are there sufficient, well-tested alternatives to secure detention?**

- The only alternative to secure detention in Florida is home-detention, for which there is little funding.

***DJJ should consider an alliance with the Juvenile Detention Alternatives Initiative of the Annie E. Casey Foundation. The JDAI approach strongly emphasizes detention programming and alternatives that are culturally competent and gender responsive. Through a series of simulations, NCCD proposes that \$1.5 to \$2 million per year could be saved for each bed day if only 32% of youth in detention (or 16,709) were placed in alternative, low-risk residential settings or intensive outreach/tracking programs. These savings could be reinvested into treatment programs for those youth who remain in secure detention and used to improve services at DJJ residential programs.***



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